



Phil Montgomery

Serving the Communities of Allouez, Ashwaubenon, De Pere and Green Bay

Testimony of Representative Phil Montgomery Assembly Committee on Public Health Assembly Bill 731

Good morning Chairperson Hines and committee members, I appreciate the opportunity to submit testimony in support of Assembly Bill 731, relating to remote dispensing by pharmacists and authorizing the exercise of rule-making powers.

Under the direct management and supervision of a licensed Wisconsin pharmacist, medications could be dispensed at remote locations including nursing homes or HMO's. All legal requirements associated with traditional dispensing, including the storage, packaging, and distribution of medications, would remain. Under this type of system, machines known as automated distribution systems (ADMS) could be used to dispense a prescribed drug.

Currently, physicians and certain other licensed health care providers are permitted by state statutes to perform dispensing functions and can use remote dispensing systems, yet licensed pharmacists are not permitted to dispense prescriptions using a remote system.

In order to enhance patient care in rural or underserved urban areas, this legislation will level the playing field for pharmacists to oversee remote dispensing as is currently allowed for Wisconsin physicians, and address the increasing pharmacist shortage by enabling the use of automation and dispensing efficiencies.

Thank you for your consideration.

Jim Doyle
Governor

Celia M. Jackson
Secretary

**WISCONSIN DEPARTMENT OF
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Committee on Public Health
Representative J.A. Hines, Chairperson

Statement of Greg Weber, R.Ph., Wisconsin Pharmacy Examining Board
2007 Assembly Bill 731: Relating to Remote Dispensing by Pharmacists

Room 328, Northwest, State Capital, Wednesday, January 30, 2008, 9:00 A.M.

Chairperson Hines and members of the Committee, my name is Greg Weber. I serve as vice chair of the Wisconsin Pharmacy Examining Board. Thank you for the opportunity to appear on behalf of the Board. The Board supports 2007 Assembly Bill 731. Under current law, no pharmacist may dispense a prescribed drug or device from a location that is not licensed by the Wisconsin Pharmacy Examining Board as a pharmacy. Remote dispensing can act as an integral part of the patient prescription drug delivery system in underserved portions of Wisconsin. Using remote dispensing a pharmacy may partner with a rural health clinic or other health care provider to assist in performing certain dispensing functions under the supervision of a pharmacist. Remote dispensing addresses:

1. A shortage of pharmacists in Wisconsin.
2. Patient access in areas where a delay in care could impact health.
3. The creation of new business models to respond to changing health care delivery needs.
4. Fully utilizes the concept of "central fill" whereby a pharmacy may contract with another pharmacy to perform dispensing functions in concert with other health care providers.

Remote dispensing entails a pharmacy maintaining a supply of non patient specific packaged drugs at a location other than a pharmacy, and a pharmacist acts in concert with another health care provider, and/or a mechanical dispensing machine, to do all dispensing tasks necessary to prepare a drug for transfer to the patient. These dispensing functions include patient medication profile review, insurance adjudication, packaging, labeling, counseling, and final transfer of the drug to the patient.

Assembly Bill 731 would allow the Board for a period of two years to review and approve proposals on a case by case basis for pharmacists to dispense at locations not licensed as a pharmacy. Administrative rulemaking would be required by the Board for permanent implementation of regulatory guidelines for remote dispensing beyond the two year implementation date of AB 731.

Thank you for the opportunity to appear today.

To: Members of the Wisconsin State Assembly Committee on Public Health
From: Susan Sutter, Chair, Pharmacy Society of Wisconsin's Board of Directors
Re: Testimony in Support of Assembly Bill 731, Remote Dispensing Legislation

Good morning chairman Hines and members of the Assembly Committee on Public Health. My name is Sue Sutter and I am the Board Chair of the Pharmacy Society of Wisconsin and I am here on behalf of PSW to support Assembly Bill 731.

My husband and I own and operate three independent pharmacy locations in the Dodge County area. We have heard from patients and health care professionals about the need for this legislation. As the former Chair of the Wisconsin Pharmacy Examining Board (PEB) I have been involved in the development of this legislation for a long time and it is rewarding for me to be here today.

Current Law Needs to Change

Current law already permits physician dispensing to occur and the Pharmacy Examining Board has seen this practice happening more frequently. Physicians and certain other licensed health care providers are permitted by state statutes to perform dispensing functions and they can use remote dispensing systems. Ironically, under current Wisconsin law, no pharmacist may dispense a prescribed drug or device from a location that is not licensed by the PEB as a pharmacy. This bill will level the playing field.

The primary reasons for pursuing a remote dispensing change are:

- 1) To enhance patient care in rural or underserved urban areas;
- 2) To enable pharmacists to oversee remote dispensing systems as are currently allowed to Wisconsin physicians; and,
- 3) To address the increasing pharmacist shortage by enabling the use of automation and dispensing efficiencies.

PSW believes that remote dispensing should only occur under the direct supervision of a pharmacist and each patient who receives a medication from a remote location should receive a consultation from a licensed Wisconsin pharmacist as they would if they were dispensed the medication in a licensed Wisconsin pharmacy.

What is remote dispensing?

Remote dispensing, by definition, would allow a pharmacist to dispense prescription medications at a location not licensed as a pharmacy.

Through such a system, and under the direct management and supervision of a licensed Wisconsin pharmacist, medications could be dispensed through the use of an automated system or other collaborative practice arrangements with practitioners that perform the medication

packaging and labeling functions associated with dispensing. All legal requirements associated with traditional dispensing, including the storage, packaging, and distribution of medications would remain.

The Pharmacy Society of Wisconsin Supports a Remote Dispensing system that will do the following:

- **Require licensed pharmacists.** Any form of remote dispensing must include the involvement of a licensed Wisconsin pharmacist. Patient consultation must be a priority in any policy consideration.
- **Specify systems' locations.** Require that remote dispensing systems shall only be located in health care facilities or at locations which incorporate the services of a Wisconsin-licensed health care professional who has prescribing authority.

In addition to these recommendations, PSW also suggests the PEB, through their rule-making authority give serious consideration to the handling of stored or unused prescription drugs at remote locations. Security issues must be addressed by PEB policy. Who will have access to machines used to dispense prescriptions at remote locations? Who will be charged with developing security criteria at a facility using a technician or physician dispensing system?

We look forward to working with members of the PEB in the development of a remote dispensing policy that ensures access and safety.

Thank you again for this opportunity.

WISCONSIN HOSPITAL ASSOCIATION, INC.



To: Chairman Hines and members of the Public Health Committee.
From: Judy Warmuth, Vice President for Workforce
Wisconsin Hospital Association
Date: January 30, 2008
RE: Testimony in Support of AB 731

Chairman Hines and members of the Committee,

I am Judy Warmuth, Vice President for Workforce at the Wisconsin Hospital Association. I am here in on behalf of WHA and the Rural Wisconsin Health Cooperative to testify in support of AB 731.

For the last several years, pharmacist positions have topped the list of 'most difficult to hire' positions in Wisconsin hospitals. In 2006, the Wisconsin Hospital Association published "Building a Health Care Workforce for Wisconsin's Future" which highlighted the current and future pharmacist shortage. Not only is there a shortage, but the situation is especially critical in rural Wisconsin where it is exceptionally difficult to attract new pharmacy graduates to work.

A necessary solution to such a shortage is to increase the number of practitioners. But it is a costly solution that will take many years to implement. While it is important for Wisconsin to increase the supply of pharmacists, it is also important that this not be the only answer.

Other solutions include creating new types of workers, finding new ways to do the work, and creating employment opportunities specific to rural health needs. These solutions perhaps, can be implemented much quicker and with less cost. They will also improve service, and access to care.

AB 731 which allows remote dispensing is a perfect winning example. We all want patients to be able to have prescriptions filled safely, and at a time and place that is convenient. We also want patients to have access to accurate information and education... no matter where in Wisconsin they live or seek health care. The strategy of recruiting more pharmacists and creating more pharmacies to address the needs of smaller facilities is increasingly difficult to achieve because of both a shortage a pharmacists and the cost involved.

When creating new solutions to health care workforce and access challenges, it is important that access to information and knowledge, and quality of delivery are not compromised. AB 731 is this type of solution.

I wish to thank the Pharmacy Examining Board for their interest in finding ways to assure quality of care while improving access for Wisconsin residents. I would ask the committee to vote enthusiastically in support of AB 731.



TESTIMONY BEFORE THE ASSEMBLY PUBLIC HEALTH COMMITTEE

Wednesday, January 30, 2008

Gary S. Plank Pharm.D.

**Corporate Director of Pharmacy Services
Marshfield Clinic**

Good morning Chairman Hines and members of the Assembly Committee on Public Health. I am Gary Plank PharmD, Corporate Director of Pharmacy Services, Marshfield Clinic. I am here to speak in support of AB731-Remote Dispensing by Pharmacists Legislation on behalf of the Marshfield Clinic System.

Marshfield Clinic, an integrated outpatient health care system, has 42 (soon to be 47) centers spread over approximately 40,000 square miles in North Central Wisconsin, providing high-quality health care, medical research, and undergraduate and graduate medical education to Wisconsin citizens. Marshfield Clinic provides care for all individuals who access our system regardless of their ability to pay. Marshfield Clinic's health policy agenda for 2007/09 State Biennium and Legislative Sessions is focusing on access to health care, quality, and cost containment.

Marshfield Clinic recognizes that 80% of health care costs nationally are attributable to 20% of the population and directed to the care of chronic diseases (coronary artery disease, diabetes mellitus, and chronic obstructive pulmonary disease). Marshfield Clinic, through our participation in the Centers for Medicaid and Medicare Services Physician Group Practice Demonstration Project, is marshalling our integrated electronic medical record, chronic disease care management teams, and clinical decision support strategies to improve the quality of care of all patients who access our system with chronic diseases and, in the process, reduce health care costs.

Marshfield Clinic is also a National leader in Telehealth. The Marshfield Clinic TeleHealth Network (MCTN) was initiated in December of 1997 with a 1997 Rural Telemedicine Grant from the Office of Rural Health Policy. In 2000, MCTN received an additional grant from the Office for the Advancement of TeleHealth, HRSA, to continue to expand its original program and move out into the community with access to needed services via TeleHealth.

Marshfield Clinic's experience in TeleHealth support of Pharmacy practice began in 2002. At that time Marshfield Clinic Oncology Services expanded to the community of Wisconsin Rapids. Because of the difficulties associated with recruiting and retaining Pharmacists with specialized training and experience in Oncology, the decision was made to provide Pharmacist support to the Wisconsin Rapids Oncology practice using TeleHealth technology. As Oncology services have expanded, so has Marshfield Clinic's use of TeleHealth to support the Pharmacy practice. We currently have 5 Pharmacists supervising chemotherapy production and supporting Oncology care at 8 Marshfield Clinic Oncology practice sites (3 by TeleHealth link).

Just over a year ago, as a result of the closing of their only local pharmacy, the Mercer Town Board approached Marshfield Clinic asking how we might assist the residents of their community in gaining access to their prescription medications from our Marshfield Clinic Mercer Center. Utilizing TeleHealth technology we were able to provide Pharmacist Supported Physician Dispensing at this center, temporarily filling this void for pharmacy services. As a result of the very positive results achieved in Mercer, Pharmacist Supported Physician Dispensing has been expanded to the Marshfield Clinic Radisson Center.

AB 731 will allow Wisconsin pharmacists to provide much needed access to high quality patient focused pharmacy services for residents located in rural as well as urban parts of our state. This will assure that the drug therapies prescribed for these people, including those to treat chronic diseases, will be readily available despite potential barriers such as long distance to travel to a pharmacy, rising gas prices, and the uncertainty of weather.

Nation wide, the Pharmaceutical Industry estimates that anywhere from 20% to 30% of prescriptions that are written for patients are never filled, or filled but never taken. The implications of patients not filling their prescriptions may have a substantial impact on their health and lead to more costly health care for untreated or poorly treated acute and chronic conditions.

Much attention is given to the high cost of prescription medications and the potential for cost to provide a barrier to compliance with prescribed drug regimens. In rural and otherwise underserved communities (including many urban areas in the state), access to prescription pharmaceutical treatments vital to immediate patient health, preventative therapies and chronic disease management are hindered by geographically remote pharmacy locations (problems made worse in Wisconsin by rising gas prices and the uncertainty of the weather) and/or difficulties in recruiting pharmacists.

By allowing the remote supervision of prescription dispensing by pharmacists, AB731 will certainly aid in reduction of barriers to access to these much needed therapies and products. The long-term benefit of this increased level of access will not only improve patients' lives, but could prove to be a vital link in controlling health care costs.

Marshfield Clinic actively supports AB731 and looks forward to sharing our experience in collaboration with the Wisconsin Pharmacy Examining Board to develop remote dispensing policy that improves access to pharmaceuticals while assuring the safety of the residents of Wisconsin.

I would be happy to answer any questions you may have.

Sincerely,

Gary S. Plank, Pharm.D.